

seniors to maintain access to their doctor. The legislation also rewards quality reporting of data, further incentivizes the adoption of Health Information Technology, and brings increased transparency on utilization, billing, and funding to the Medicare program.

Health Care Price Transparency: A patient should be able to know what they are paying for and how much they will pay out-of-pocket. H.R. 2249, the Health Care Price Transparency Promotion Act, directs states to establish and maintain laws requiring disclosure of information on hospital charges. The legislation requires hospitals and health plans to make this information available to the public, and to provide individuals with information about estimated out-of-pocket costs for health care services. H.R. 2249 aims to make health care more affordable by promoting greater transparency about the cost of health care services for patients seeking care. The legislation sets a national floor for transparency. As someone who has committed his Administration to transparency, this is an important step in helping make health care, and specifically health care costs, more transparent, which empowers the consumer.

As a practicing physician for over 25 years, I believe I bring a unique perspective to the current health care reform debate. I am committed to finding areas of collaboration between the political parties that can deliver meaningful system reforms that will benefit all Americans. I would greatly appreciate the opportunity to review both the efforts outlined above and also my areas of concern with H.R. 3200 so that we may mutually work to bring quality, affordable health care to all Americans.

I look forward to the opportunity to meet with you at your earliest convenience. Should your staff have any questions about any of the attached proposals or would like to arrange a meeting, please contact me or my Legislative Director J.P. Paluskiewicz at my Washington, D.C. office.

Sincerely,

MICHAEL C. BURGESS, M.D.,
Member of Congress.

HOUSE OF REPRESENTATIVES,
Washington, DC September 30, 2009.

President BARACK OBAMA,
The White House,
Washington, DC.

DEAR MR. PRESIDENT, I write you once again on the topic of health care reform. As you know, Democrat leaders in the House of Representatives are currently working to merge the three committee bills. Meanwhile, the two Senate products are waiting to be merged pending completion of the Senate Finance Committee's mark-up.

I have closely followed the health care debate for months, making note of actions by all parties involved, including the House, Senate, White House, advocate groups, and the health care industry. These reforms have wide-reaching implications, and you have stressed the importance of conducting business in public so that the American people are aware and involved in the process.

In fact, during a Democratic Presidential primary debate on January 31, 2008, you said: "That's what I will do in bringing all parties together, not negotiating behind closed doors, but bringing all parties together, and broadcasting those negotiations on C-SPAN so that the American people can see what the choices are, because part of what we have to do is enlist the American people in this process."

It has now been over four months since the White House announced numerous deals with major stakeholders in the health care debate to save upwards of \$2 trillion in the health

care system. Little to no details regarding the negotiations have been released, and recent actions and press reports have reminded me of the importance of openness and transparency throughout the legislative process.

Roll Call reports today that negotiators working in the House to merge the three committee bills plan to trim the cost of the legislation by roughly \$200 billion. I wonder what programs or services are being cut, who will be affected, and how these cuts are being decided.

In the Senate Finance Committee's mark-up, Senator Bill Nelson (D-Fl) introduced an amendment regarding drug prices in Medicare and Medicaid. During the debate on the amendment, Senator Torn Carper (D-Del), while arguing against the amendment, said "Whether you like PhRMA or not, we have a deal," referring to the deal PhRMA cut with the White House earlier this year.

In addition, within the Senate Finance Committee plan is a commission to slow the growth of Medicare spending, most likely through changes to reimbursement policy. However, hospitals would be exempt from this commission because, according to CongressDaily, "they already negotiated a cost cutting agreement" with the White House.

Despite your promise to make all health care reform negotiations in public, we still have very few details on what exactly was agreed to during these highly publicized negotiations. In fact, even the stakeholders involved have, at times, seemed at odds with what was actually agreed to. But the one thing we all know is that, through press statements, many deals were made. Unfortunately, even where brief descriptions of policy goals are available, details on achieving these goals are absent, a point made by the Congressional Budget Office (CBO).

I am compelled to ask—how could Congress have done its' due diligence in creating the policy before us without crucial details surrounding these deals? Were the votes we have seen in the Senate Finance Committee as of late a direct result of these backroom negotiations? Will CBO be able to actually score any of these deals to apply those cost savings to legislation? Were these negotiations in the best interests of patients?

Having little to no information, I cannot judge. However, this begs even more questions. Is Congress enacting the best policy reforms for Americans, or are certain changes being made or not made because of the negotiations orchestrated by the White House? Will smaller stakeholders suffer more from our policy choices because of what larger groups may have negotiated behind closed doors?

Mr. President, I do not write this letter to chide you for engaging in what I consider the most pressing debate before Congress. I applaud you for your leadership in compelling Congress to act. In order to fully understand the policy choices before us, though, we need to know what took place earlier this year during these meetings at the White House. You have made it very clear that you value transparency and have sought to make your Administration stand out in this regard. As a member of the House Energy and Commerce Committee's subcommittee on Oversight and Investigations, so do I. The last thing I would want to see is a formal investigation of these meetings.

Thus, I formally request full disclosure by the White House in the following areas regarding all meetings with health care stakeholders occurring earlier this year on the topic of securing an agreement on health reform legislation, efforts to pay for any such legislation, and undertakings to bend the out year cost curve:

1. A list of all agreements entered into, in writing or in principle, between any and all

individuals associated with the White House and any and all individuals, groups, associations, companies or entities who are stakeholders in health care reform, as well as the nature, sum and substance of the agreements; and,

2. The name of any and all individuals associated with the White House who participated in the decision-making process during these negotiations, and the names, dates and titles of meetings they participated in regarding negotiations with the aforementioned entities in question one; and,

3. The names of any and all individuals, groups, associations, companies or entities who requested a meeting with the White House regarding health care reform who were denied a meeting.

In our efforts to improve access to health care services, the American people expect us to act in their best interests, rather than protecting business interests of those who are interested in currying favor in Washington, DC. If these health related stakeholders have made concessions to Washington politicians without asking anything in exchange for the patients they serve, Congress and, more importantly, the American public deserve to know. Conversely, if they sought out protections for industry-specific policies, we need to know that as well.

We must learn what these negotiations mean for the millions of concerned Americans. How they will be better served, including having affordable health coverage and access to the providers they need? These negotiations may have produced consensus on policy changes that are proper and needed, but Congress will never know for sure that we are acting in our constituents' best interests until all the facts are known.

I look forward to the opportunity to speak with you at your earliest convenience on this matter. Should your staff have any questions about this request please contact me or my Legislative Director J.P. Paluskiewicz at my Washington, D.C. office at 202-225-7772.

Sincerely,

MICHAEL C. BURGESS, M.D.,
Member of Congress.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. ABERCROMBIE (at the request of Mr. HOYER) for today and October 15 until 3:30 p.m.

Mr. CARNEY (at the request of Mr. HOYER) for today and October 15 on account of active military duty.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. DEFAZIO) to revise and extend their remarks and include extraneous material:)

Ms. WOOLSEY, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Mr. DEFAZIO, for 5 minutes, today.

Ms. JACKSON-LEE of Texas, for 5 minutes, today.

(The following Members (at the request of Mr. POE of Texas) to revise and extend their remarks and include extraneous material:)

Mr. POE of Texas, for 5 minutes, October 21.